

## **COMMONWEALTH OF MASSACHUSETTS**

## **Division of Professional Licensure**

239 Causeway Street, Boston, MA 02114 TTY/TDD (617) 727-2099 www.mass.gov/dpl

DEVAL L. PATRICK GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

DANIEL O'CONNELL SECRETARY OF HOUSING AND ECONOMIC DEVELOPMENT

## Board of Registration of Real Estate Brokers and Salespeople

DANIEL C. CRANE
DIRECTOR, OFFICE OF
CONSUMER AFFAIRS AND
BUSINESS REGULATION

GEORGE K. WEBER DIRECTOR, DIVISION OF PROFESSIONAL LICENSURE

**Continuing Education / License Reactivation Form** 

THIS FORM IS NOT TO BE USED FOR EXPIRED LICENSES

Type or print legibly – illegible forms will not be p	processed
---	-----------

	Name:		
	Address:		
	License Number and Type:		
	Social Security Number:		
	New Address: (if applicable)		
require	ement of twelve hours as provided for in active real estate license for the purpose	state under the pains and penalties of perjury that I MGL 112 sec. 87XXX1/2, for re-activation of the above of practicing real estate as provided for in MGL of	e referenced license thereby entitling me
Signat	ure	Date	

You will become active after the Board receives and reviews this form. If you have just recently renewed your license you should check to make sure the payment has been processed prior to submitting this form. You may check the license at <a href="http://license.reg.state.ma.us/public/licque.asp?color=red&Board=RE">http://license.reg.state.ma.us/public/licque.asp?color=red&Board=RE</a> or by calling the Board at 617-727-2373. Mail the completed form to: RE Board, 239 Causeway Street, 5<sup>th</sup> floor, Boston, MA 02114. No fee is required to reactivate.

**YOU MAY NOT REINSTATE OR RENEW A LICENSE WITH THIS FORM.** This form may only be used to re-activate a current inactive license. If you require a renewal form you must telephone the Board at 617-727-2373 and request a duplicate renewal form. If your license has been expired for more than two years you must submit a written request for reinstatement. The request MUST include your name, address, date of birth, social security number and signature.

FAX: (617) 727-2669